

L090000065499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Schafer Sparkle Brite Sarasota LLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Virginia Schafer

(Name of Person)

Schafer Sparkle Brite Sarasota LLC

(Firm/Company)

7141 Ashland Glen

(Address)

Lakewood Ranch, FL 34202-2405

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Virginia Schafer

(Name of Person)

at

941 779-3210

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is  
Schafer Sparkle Brite Sarasota LLC
2. The Articles of Organization were filed on 07/07/09 and assigned  
document number L09000065499
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section  
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  
Written consent of all members of the LLC.

5. If there are no members, enter the name and address of the person appointed to wind up the  
activities and affairs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed  
above to wind up the company's activities and affairs:

Signature

Printed Name

Virginia Schafer

Virginia Schafer

**FILING FEE: \$25.00**

*We closed our business December 31, 2013.  
I just received this form today from my CPA.*

*Virginia Schafer  
2/18/14*

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CLERK OF THE  
TREASURY OF FLORIDA

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